

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-N**

LESTER, CHRISTOPHER W.
December 28, 2000
Page 8

Saghir R. Mir, MD

PLEASE NOTE: The opinions rendered in this case are the opinions of this evaluator. Recommendations regarding work and impairment ratings are given totally independently of the requesting agents. This evaluation has been conducted on the basis of the medical examination and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service, report/reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment, examination and documentation. Any recommendation on impairment is based on AMA Guidelines, Fourth Edition. This opinion does not constitute, per se, a recommendation for specific claims or administrative functions to be made or enforced. Medicine is both an art and a science; and although a patient may appear to be fit to return to duty, there is no guarantee that the patient will not be reinjured or suffer additional injury once he returns. If further information is required, please contact me.

BLACK INK**INSTRUCTIONS**

2 of 6

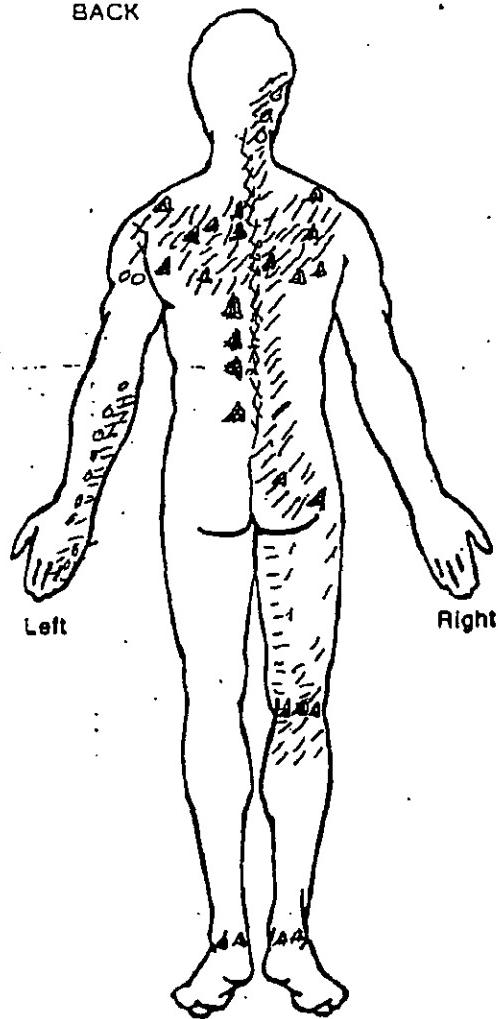
Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. Draw in your face.

KEY

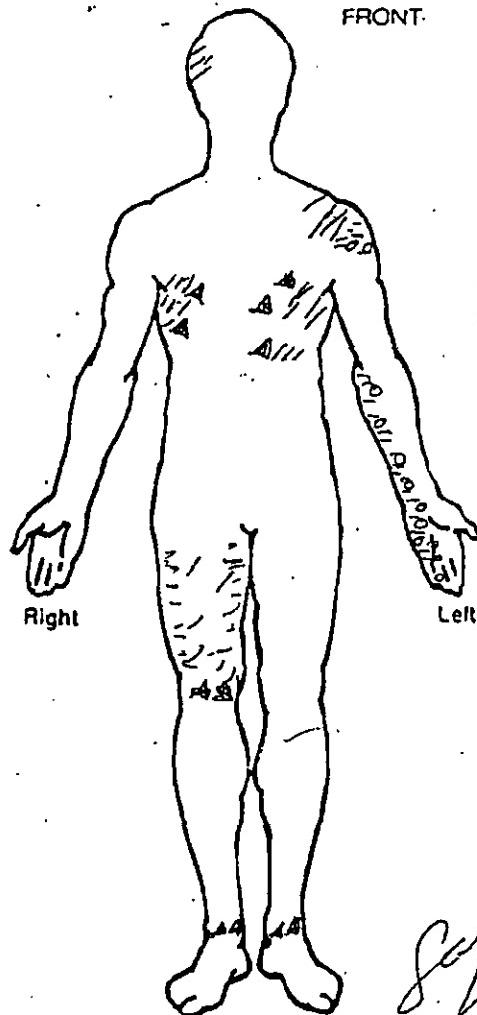
/// Stabbing	X X X Burning	OOO Pins and Needles	▲▲▲ Aching, Throbbing	= = = Numbness	* * * Other
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CHRISTOPHER W. LESTER, SR. DOB: [REDACTED]-71 SS [REDACTED]-3340 DOI: 03-10-00
CLAIM #2000046841

BACK



FRONT



Signature

Chris Lester

Date

12-22-00

20046841

CHRISTOPHER W. LESTER, SR. DOB: [REDACTED] 7-1-71 SS [REDACTED] / DOR: 03-10-00

Figure 77. Cervical Range of Motion (ROM).

CLAIM #2000046841

Name: Christopher Lester

Soc. Sec. No. [REDACTED]

Date 12/22/00

Movement	Description	Range					
Cervical Flexion	Occipital ROM TI ROM Cervical flexion angle $\geq 10\%$ or 5° Maximum cervical flexion angle % Impairment	20	20	25			
		2	2	3			
		22	12	22			
		Yes	No				
		22					
Cervical Extension	Occipital ROM TI ROM Cervical extension angle $\geq 10\%$ or 5° Maximum cervical extension angle % Impairment	32	31	31			
		2	2	2			
		20	23	27			
		Yes	No				
		30					
Cervical Ankylosis in Flexion/Extension	Position % Impairment	(Excludes any impairment for abnormal flexion or extension motion)					
Cervical Right Lateral Flexion	Occipital ROM TI ROM Cervical right lat flexion angle $\geq 10\%$ or 5° Maximum cervical right lat flexion angle % Impairment	18	18	17			
		2	2	2			
		12	16	17			
		Yes	No				
		17					
Cervical Left Lateral Flexion	Occipital ROM TI ROM Cervical left lat flexion angle $\geq 10\%$ or 5° Maximum cervical left lat flexion angle % Impairment	13	13	10			
		2	2	2			
		16	16	16			
		Yes	No				
		16					
Cervical Ankylosis in Lateral Flexion and Extension	Position % Impairment	(Excludes any impairment for abnormal lateral flexion or extension motion)					
Cervical Right Rotation	Cervical right rotation angle $\geq 10\%$ or 5° Maximum cervical right rotation angle % Impairment	45	55	71			
		Yes	No				
		45					
Cervical Left Rotation	Cervical left rotation angle $\geq 10\%$ or 5° Maximum cervical left rotation angle % Impairment	40	40	40			
		Yes	No				
		40					
Cervical Ankylosis in Rotation	Position % Impairment	(Excludes any impairment for abnormal rotation)					
Total cervical range of motion and ankylosis* impairment _____ % <i>Not Impaired</i>							

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankylosis in several planes are present, combine the estimates (Combined Values Chart), then combine the result with the range of motion impairment.

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3/134 Guides to the Evaluation of Permanent Impairment
 CHRISTOPHER W. LESTER, SR. DOB: [REDACTED] -71 SS [REDACTED] 3340 DOT: 03-10-00

200046841

[REDACTED] 3340

03-10-00

Figure 79. Lumbar Range of Motion (ROM)*

CLAIM #200046841

Name Christopher Lester

Soc. Sec. No. [REDACTED]

Date 03/22/00

Movement	Description	Range				
Lumbar Flexion	T12 ROM	20	15	15		
	Sacral ROM	10	12	10		
	True lumbar flexion angle ±10% or 5°?	10	3	5		
	Maximum true lumbar flexion angle % Impairment	10				286.3
Lumbar Extension	T12 ROM	0	0	0		
	Sacral ROM	0	0	0		
	True lumbar extension angle ±10% or 5°?	0	0	0		
	Maximum true lumbar extension angle % Impairment	0			(Add sacral flexion and extension ROM and compare to tightest straight-leg-raising angle)	
Straight Leg Raising (SLR), Right	Right SLR	0	0	0		
	±10% or 5°?	3			if tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)	
	Maximum SLR right	-				
Straight Leg Raising, Left	Left SLR	0	0	0		
	±10% or 5°?	?			(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)	
	Maximum SLR Left	-				
Lumbar Right Lateral Flexion	T12 ROM	5	7	3		
	Sacral ROM	0	0	0		
	Lumbar right lateral flexion angle ±10% or 5°?	3	7	3		
	Maximum lumbar right lateral flexion angle % Impairment	7				286.3
Lumbar Left Lateral Flexion	T12 ROM	7	7	5		
	Sacral ROM	2	2	0		
	Lumbar left lateral flexion angle ±10% or 5°?	5	5	5		
	Maximum lumbar left lateral flexion angle % Impairment	5				
Lumbar Ankylosis in Lateral Flexion	Position				(Excludes any impairment for abnormal flexion or extension motion)	
	% Impairment					
Total lumbar range of motion and ankylosis* impairment			%	NOT MM		

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 522). If ankyloses in several planes are present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

[Signature]

500688.015.0459

Attending Physician's Report		FOR DIVISION USE ONLY	
Return Completed Form To: Workers' Compensation Division P.O. Box 3151, Charleston, West Virginia 25332		Claims Manager Cheryl Armes Food Proc/Agr/Oil & Gas Comst Claimant's County BOONE	
WC-218 Rev. 9-94			
1. Claim No. 2000046841 Emp. Fisk No. 98001651	SS No. -3340 DOI 03/10/2000	2. Current Telephone No. 304-369-6657	Employer's Name and Address D & M TRUCKING CORPORATION CHRISTOPHER W LESTER SR P.O. BOX 1113 DANVILLE, WV 25053 PO BOX 116 GHENT, WV 25843-0116
3. Please mark any needed changes in your address as printed above.			
4. Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to. Claimant's Signature <i>Chris Lester</i> Date <u>8/16/00</u>			
6. Claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.			
7. Date of this examination <u>8/10/2000</u> Month Day Year	2. Date of next appointment <u>9/25/00</u> Month Day Year	8. A. Is this the first examination and/or treatment by you for this injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please advise as to how the claimant came under your care.	
B. Does claimant continue under your active care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain.			
C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.) <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Evaluation <input type="checkbox"/> Treatment <u>Ortho referral - Dr. Lesther</u>			
9. Diagnosis (ICD9-CM) code and description <u>847.0 847.2</u> <u>847.1 959.01</u>	5. Please describe your treatment plan and list medications currently being prescribed, their dosages and the refill limit. <u>Maintain meds</u> <u>Maintain mobility as much as possible</u>	10. Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain condition and how it has affected recovery.	
11. Will claimant need rehabilitation services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please specify.	12. Is claimant temporarily and totally disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is disability due to compensable diagnosis or other causes? Please explain.		
13. Please indicate the anticipated date claimant will be able to return to: Modified Work _____ Trial Return to Work <u>10/22/00</u> Full-time Work _____		14. If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.	
15. Physician's Name, Address & Telephone No. MADISON MEDICAL PLLC 705 MADISON AVENUE MADISON, WV 25130 Phone: 304-369-5170		16. <i>John M. Lester</i> Physician's Signature <u>8/25/00</u> Date	
17. FEIN 550664546		18. 500688.015.0460	

ppnr/11-7-96/*6

** VENDOR COPY **

1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
- Unemployment Compensation • Workers' Compensation

an equal opportunity/affirmative action employer

August 21, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

PLEASE READ CAREFULLY - PPD RECOMMENDATIONS

442-S/26
A medical report from Saghir Mir, MD, dated 08/02/2000, indicates that you are not ready for a final rating. The examiner recommends::.

recommendations are cervical and lumbar MRI, Xrays left AC & left rib cage with/without weight to rule out AC separation, NCS/EMG left upper extremity, orthopedic consultation and neurological consultation after cervical and lumbar MRI

If you have any questions or concerns, you may reach me at 304-926-5097.

Workers' Compensation Division

CC: D & M TRUCKING CORPORATION INC BY: Nena Peay
VASS VOCATIONAL SERVICES Claims Representative 3/Senior

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Workers' Compensation Division - Office of Claims Management

500688.015.0461

extt/01-01-96/*6 ** VENDOR COPY ** 1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
- Unemployment Compensation • Workers' Compensation

an equal opportunity/affirmative action employer

August 21, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 07/01/2000 through 08/31/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 10/15/2000.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
By: Nena Peay
Claims Representative 3/Senior

RECEIVED AUG 22 2000

auth/09-24-98/*8

Cedil H. Underwood
Governor
William F. Vieweg
Commissioner



** CLAIMANT COPY **

West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
- Unemployment Compensation • Workers' Compensation

an equal opportunity/affirmative action employer

August 21, 2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from WCD-CLAIM MANAGER dated 08/18/2000, is Approved.

authorization to proceed with the following recommendations: cervical and lumbar MRI, x-rays of the left AC with and without weight to rule out AC separation, x-ray of left rib cage, NCS/EMG left upper extremity, orthopedic consultation, and neurological consultation following cervical and lumbar MRI

Authorized Dates are 08/18/2000 through 11/18/2000.

Your authorization number is 100231133.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC Workers' Compensation Division
MADISON MEDICAL PLLC BY: Nena Peay
VASS VOCATIONAL SERVICES Claims Representative 3/Senior

ppnr/ll-7-96/*6

** CLAIMANT COPY **

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
- Unemployment Compensation • Workers' Compensation

an equal opportunity/affirmative action employer

August 21, 2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

PLEASE READ CAREFULLY - PPD RECOMMENDATIONS

A medical report from Saghir Mir, MD, dated 08/02/2000, indicates that you are not ready for a final rating. The examiner recommends:

recommendations are cervical and lumbar MRI, Xrays left AC & left rib cage with/without weight to rule out AC separation, NCS/EMG left upper extremity, orthopedic consultation and neurological consultation after cervical and lumbar MRI

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC MADISON MEDICAL PLLC VASS VOCATIONAL SERVICES	Workers' Compensation Division BY: Nena Peay Claims Representative 3/Senior
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500688.015.0465

BOONE MEMORIAL HOSPITAL • SON, WY 25130

EMERGENCY DEPARTMENT Nursing Progress Notes

CHART COPY

MD TIME OF ORDERS	MEDS	PHYSICIANS ORDERS	SITE	TIME DONE	INITIALS	LAB
		Roxithromycin 845 mg + 2.1cc 10% Lidocaine Doseit. Telfast 5 tabs now & 0845 KHN				<input type="checkbox"/> CBC <input type="checkbox"/> U/A <input type="checkbox"/> CHEM 6 <input type="checkbox"/> CREATININE <input type="checkbox"/> URIC ACID <input type="checkbox"/> CALCIUM <input type="checkbox"/> T. BIL <input type="checkbox"/> T. PROTEIN <input type="checkbox"/> ALBUMIN <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> LDH <input type="checkbox"/> CK <input type="checkbox"/> PHOS <input type="checkbox"/> TGL <input type="checkbox"/> CHOL <input type="checkbox"/> ALK PHOS <input type="checkbox"/> CKMB <input type="checkbox"/> THEO <input type="checkbox"/> DILANTIN <input type="checkbox"/> PHENOBARB <input type="checkbox"/> DIGOXIN <input type="checkbox"/> ACETAMIN
		P: augmentin 825 mg + Tab 300 mg oral				<input type="checkbox"/> EKG <input type="checkbox"/> DRUG SCREEN <input type="checkbox"/> ETOT <input type="checkbox"/> STREP SCREEN <input type="checkbox"/> GC CULTURE <input type="checkbox"/> CHLAMYDIA SOR <input type="checkbox"/> KOH SMEAR <input type="checkbox"/> NACH SMEAR <input type="checkbox"/> SPUTUM CULTURE <input type="checkbox"/> HEMOCULT <input type="checkbox"/> AMYLASE <input type="checkbox"/> BLOOD GSK <input type="checkbox"/> PT <input type="checkbox"/> PTT
						TIME/INITIALS: X-RAY / OTHER DIAGNOSTICS: <input type="checkbox"/> CHEST <input type="checkbox"/> FLAT & UPRIGHT ABDC MEN <input type="checkbox"/> SKULL <input type="checkbox"/> LUMBAR SPINE <input type="checkbox"/> CERVICAL SPINE
TIME	TREATMENTS & PROCEDURES	SIGNATURE	RESPONSE			
11/05/92	118/72, 100 ^o , 88, 16 kgd					
MONITOR STRIP INTERPRET:						
X-RAY INTERPRET						
EKG INTERPRET						
LAB RESULTS	CHEM 6	CK	CKMB	LDH		
OTHER	This strip: Normal				WBC _____	ABG RA PO ₂
		SG _____	BACTERIA _____			
		CHEM _____	NITRITE _____			
Discharge Instructions: See pt for all fluids. Follow up care as his comes in 2 days later. Return if needed.				After discharge care sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Out: 809	
				Course of Patient In Emergency Dept: <input type="checkbox"/> Unremarkable <input type="checkbox"/> Unimproved <input type="checkbox"/> Expired		
				Condition On Discharge: <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor		
				Disposition of Case: <input type="checkbox"/> Admitted <input type="checkbox"/> Transferred <input type="checkbox"/> Home <input type="checkbox"/> Other		
REFERRED TO DR.		WIRE SIGNATURE	DIAGNOSTIC IMPRESSION			
DISCHARGE SIGNATURE		DOCTOR SIGNATURE	Acute strep pharyngitis			
PATIENT NO.	MEDICAL RECORD NO.	FINANCIAL TYPE	RELATIONSHIP	MODE OF ARRIVAL	REGISTRATION DATE	TIME
Lester Charles Wayne	500100001	WORK	OTHER	28	08/04/00	20:04
PATIENT NAME: LESTER CHRISTOPHER WAYNE		AGE: 28		SEX: M	RACE: WHITE	MARITAL STATUS: MARRIED
MAILING ADDRESS: 301 9th St 1115		COUNTRY OF RESIDENCE: EGONE		NOTIFY IN CASE OF EMERGENCY: LESTER CHARLES (DAD)		
TELEPHONE NUMBER		HOME PHONE: 304-369-5637		EMERGENCY CONTACT'S ADDRESS		
PATIENT	STATE: WV	ZIP CODE: 25053	ADMIT TYPE: EMERGENCY	EMPLOYMENT: D & H TRUCKING	PHONE:	

500688.015.0466

BOONE MEMORIAL HOSPITAL Comp Rev

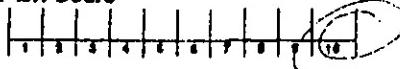
Pt. Name:	Christopher Lester
Triage Time:	3:00 pm
Date:	8-4-01
Mode of Arrival:	Car
Known Allergies:	DKDA
Family Physician:	Snyder
Time Dr. Notified:	

RN SITE ASSESSMENT:

Duration/Onset of Chief C/O:

Nursing Observations:Wound-Incision Drainage/Discharge

Color	Amount	Odor	Swelling

Pain ScaleTriage Level: Please check one
(Determines Priority Level)

Level I	Level II	Level III	Level IV
Illness or Injury likely to cause permanent brain injury or death within 1 hr.	Illness or Injury likely to produce permanent organ injury or death with 24 hr - almost always requires lab & X-ray.	Illness or Injury causing damage or suffering if not treated in 24 hr - Often needs lab & X-ray.	Stable in nature and could be treated in a physician's office.

MEM

Chief C/O: Seen last night here - went for eval by comp doctor mid AM 08/01/01. Just exam. C/O neck pain. Roof of mouth hurting. Was given Rx for muscle relaxant. Note - not helping. can not move neck & pain

PMH: 3/10/00 work injury

Skin/Color (Circle all that apply)

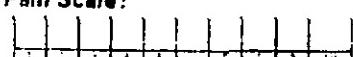
Normal	Pale	Dusky	Cyanotic
Warm	Dry	Hot	Molten
Cold	Clemency	Flakay	

138/72 100^oF P 72 R 18 HR 100 mmHgGlasgow Coma Scale (GCS)

ADULT		PEDIATRICS	
Spontaneous	4	Eye Opening	4
Voice	3	Pain	3
Pain	2		2
None	1		1
Obey	6		6
Localizes Pain	5	Motor Response	5
Withdraws to Pain	4		4
Flexion	3		3
Extension	2		2
None	1		1
Oriented	6	Verbal Response	6
Confused	5		5
Inapprop.	4		4
Incomprehensible	3		3
None	2		2
	1		1

RN Signature: Christopher R.Interim Nursing Assessment Documentation
(Document and Time: treatments, procedures, observations, assessments, & unusual events)

(See nurse narrative pg for additional)

Time: BP T P Resp: Instructions Given: yes No Improvement Seen? yes
Disposition of Patient:Pain Scale:Discharge Triage

Time: BP T P Resp: Instructions Given: yes No Improvement Seen? yes

Nurse Signature: _____

SAGHIR R. MIR, M.D., F.A.A.O.S.
ORTHOPAEDIC SURGERY
MONTGOMERY GENERAL HOSPITAL
MONTGOMERY, WEST VIRGINIA 25136

IME REPORT

Claim # 2000046841
TRUCKING CHERYL ARMES
Team # _____ Claim Mgr. _____

TELEPHONE (304) 442-5178
(304) 442-5181 EXT. 100

August 2, 2000

Workers' Compensation Fund
P.O. Box 431
Charleston, WV 25322-0431

RE: LESTER, CHRISTOPHER W., SR.
DOB: [REDACTED] 71
SS# [REDACTED] 3340
DOI: 03/10/00
CLAIM#: 2000046841
EMPLOYER: D & M Trucking Corp., Inc.

Dear Sir/Madam:

This patient was evaluated by me on 08/02/00 at your request. His records on a CD ROM, over 100 pages, were reviewed. Patient brought copies of all of his records from Dr. Snyder's office and Boone Memorial Hospital. Those were reviewed, and copies of some of the records were made. In addition to that, patient brought reports of all x-rays from CAMC as well as some of the emergency room records, and those were reviewed. Detailed history was obtained, and a physical examination was carried out. When patient entered the room, he was somewhat moaning and groaning; and I advised him that I did not have to examine him if he was that much symptomatic. He wanted me to go ahead and examine him. Also, I told him that at any time he felt he was having too much pain, he could stop me from carrying out that part of the examination.

REVIEW OF RECORDS AND HISTORY: This patient was checking oil in a truck when the hood knocked him backwards, and he fell four to five feet. Patient stated he landed on another truck and hit his head which knocked him unconscious. Then he landed on the ground on his left side. Patient believed he was told that he had loss of consciousness for 40 to 45 minutes. He was taken to Charleston Area Medical Center where he was seen in the emergency room by Dr. David Bailey. Patient was noted to have multiple injuries, and his neurological examination was reported normal. While in the emergency room, he had x-rays of cervical, dorsal and lumbar spine which were reported negative. His x-rays of chest, left shoulder, left hip, pelvis and left ankle were reported normal. I did not find patient having any x-rays of thoracic area or left knee. While in the emergency room, he had a CT scan of head as well as a CT scan of cervical spine which were negative for any fractures or gross disc abnormalities. He was treated conservatively and discharged from the hospital to be followed at Corporate Health. It was noted patient was seen by Dr. Leon Kwei for all of this examination. There were close to 37 pages of hospital records which I reviewed.

RECEIVED AUG 15 2000

LESTER, CHRISTOPHER W., SR.
August 2, 2000
Page 2

Saghir R. Mir, MD

REVIEW OF RECORDS AND HISTORY: Continued

Patient started further follow up at Corporate Health. According to some of the notes, Dr. Kwei had consulted Dr. Sherry Apple, and it appeared it was more of a verbal consultation. I did not find any records from Dr. Apple regarding a neurosurgical consultation.

On 03/14/00, patient was seen by Dr. Marsha Bailey at Corporate Health who noted he had fallen five or six feet from a truck. He was already seen at the emergency room and had several x-rays. He was still nauseous and vomiting and having some drainage from his ear area. He was still having pain in his neck and left shoulder. Dr. Bailey noted that Dr. Kwei had previously talked to Dr. Apple. Dr. Bailey noted patient's neurological examination to be essentially within normal limits. She talked to Dr. Apple again regarding ear drainage, so she recommended for patient to have an ENT consultation with Dr. Phillips to rule out any fracture in the temporal bones. He was diagnosed having headaches secondary to cerebral concussion as well as neck injury and injury to chest wall and shoulder. There was no mention of any injury to left knee, though he had x-rays of left ankle and hip at the time he was seen in the emergency room.

Patient was seen by Dr. Phillips at ENT clinic. On 03/15/00, Dr. Bailey noted that Dr. Phillips had seen this patient and done an audiogram which showed some hearing loss bilaterally which was not related to this injury. Dr. Phillips did not find any evidence of fractures, and he did not recommend any additional treatment or find any direct injury to ear. On 03/15/00, patient had no drainage but was still having headaches and chest pain. Dr. Bailey recommended for this patient to have an MRI of left shoulder. He was continued on medication for his headaches, neck pain and pain in left shoulder.

On 03/22/00, Dr. Bailey noted this patient was still having headaches and pain in his neck and left shoulder. He already had an MRI of shoulder done on left side on 03/21/00. Before Dr. Bailey started patient on physical therapy, she wanted to see the results of his MRI. Actually, patient was seen by Dr. Asaad on 03/22/00 with Dr. Bailey. FLEXERIL, IBUPROFEN and DARVOCET-N were continued.

On 03/27/00, Dr. Bailey noted patient still had more or less the same symptoms. Patient's MRI of left shoulder was reported normal. He still had tenderness in his neck and shoulder area with limited range of motion. His neurological examination was reported normal. Physical therapy was ordered, and patient started therapy at Boone Memorial Hospital on 04/03/00. There were several records of physical therapy and reports brought in by the patient which were reviewed by me. Later on during the course of treatment, Dr. Snyder became patient's physician. He added physical therapy to left shoulder. This patient had physical therapy until 06/19/00 when, according to patient, his physical therapy was stopped as it was not helping but causing more symptoms. Also, physical therapist had requested that this patient should be seen by an orthopaedic surgeon, and Dr. Loimil was recommended.

LESTER, CHRISTOPHER W., SR.
August 2, 2000
Page 3

Saghir R. Mir, MD

REVIEW OF RECORDS AND HISTORY: Continued

Patient stated he saw four or five physicians at Corporate Health. At that time, he decided to switch under the care of Dr. Snyder who is a medical physician in the Madison area. At patient's request, on 04/06/00, Compensation allowed him to transfer to the care of Dr. Snyder. Patient stated he has been treated previously by Dr. Snyder for another work related injury from 1994 to 1997 which involved compression fractures from T-11 to T-12 area. At that time, he had missed three years of work and had received 10% impairment.

On 04/07/00, patient was seen by Dr. Mark Snyder who noted he had multiple injuries in a fall from a truck. He was noted to have lost consciousness. He was treated at CAMC and Corporate Health. Dr. Snyder noted patient had some stiffness in his neck with a lot of pain on movement of left shoulder. He diagnosed patient having acute cervical, lumbar and left shoulder strain with contusion. He continued him on MOTRIN, FLEXERIL and VICODIN ES. Patient brought Dr. Snyder's office notes of two to three week intervals. On 04/10/00, Compensation allowed his claim to be head injury and thoracic, lumbar and cervical strain.

On 04/26/00, Dr. Snyder noted patient was having multiple symptoms. He continued him on physical therapy. Throughout his follow up, there was no mention of any injury to left knee area, though patient complained of pain. He also complained of pain in his rib cage area. On 05/05/00, Compensation allowed him to have VICODIN. On 06/06/00, Compensation allowed him to have additional therapy three times a week for four weeks and then two times a week over the next four weeks.

Records indicate that on 04/18/00 the employer wrote a letter that light duty work could not be offered as patient was released for that; therefore, patient stayed off work. On 04/02/00, this patient was referred to Vass Rehab Services. On 05/05/00, he had an initial vocational evaluation which was close to ten pages. On 04/19/00, Compensation had allowed patient to transfer under Dr. Snyder's care.

Throughout May and June 2000, patient had more or less the same symptoms. On 07/10/00, his physician noted that he was having considerable pain in left shoulder as well as low back. He still had headaches. He had restriction of mobility at neck and lower back. He was continued on LODINE. Possibility of consultation with Dr. Loimil was mentioned. On 07/17/00, his physician called in a prescription for VICODIN ES. The last time he saw his physician was on 07/31/00, and it was noted he was not doing better and had considerable pain in his left shoulder. Patient had not seen Dr. Loimil, yet, and he stated they are trying to make him an appointment. FLEXERIL and VICODIN were prescribed. He is going to see his physician in two weeks.

Prior to this injury, patient had injury to dorsolumbar area and received 10% impairment. It will be interesting to see his records from that claim.

LESTER, CHRISTOPHER W., SR.
August 2, 2000
Page 4

Saghir R. Mir, MD

PRESENT COMPLAINTS AND FUNCTIONAL LIMITATIONS: Patient still has multiple symptoms from various areas. He continues to have headaches which are mostly on the right side of his head. Patient stated that whenever his neck hurts, the pain goes on the right side of his head just above his ear level.

He continues to have pain in his neck and left scapular area. Intermittently, pain goes into his left arm all the way to ulnar side of hand and little and ring fingers. He complains of numbness and tingling on the ulnar side of forearm and in little and ring fingers. He complains of generalized weakness in left upper extremity. His neck stays stiff. Patient is right handed.

His left shoulder aches and hurts all of time. He has pain over the top of shoulder which he pointed to the AC joint area. Also, he gets deep seated pain in left shoulder as well as rib cage area. Patient feels something like a tear in his left shoulder area, and he has a stabbing pain. He has restriction of mobility at left shoulder. Patient complains of pain in left rib cage area and axillary area.

He continues to have pain in his right lumbosacral area and over SI joint. His back pain is present all of the time. Intermittently, pain goes to the back part of thigh and medial side of thigh. He has occasional numbness and tingling in his right foot. Prolong sitting, standing, walking and riding in a car increase his back symptoms. Lying down does not help him, much. A heating pad gives him some relief. He is able to manage activities of daily living by himself.

Patient complains of some pain in his right knee. It tries to give out and catch. As stated before, there was no mention of knee symptoms in his attending physician's records.

CURRENT MEDICATIONS: 1) FLEXERIL 2) VICODIN ES 3) MOTRIN

SOCIAL HISTORY: Patient is married, and his wife is employed. He has three children, two of which are from present marriage. He does not smoke cigarettes, drink alcohol or use chewing tobacco. He has never been on Social Security nor applied for it. At present, he is on Compensation benefits.

WORK HISTORY: Patient has a high school education. He worked in a hardware store. He also did some logging jobs and also set mobile homes. Then he drove a coal truck for three years. Since October 1998, he has been working as a truck driver with D & M Coal Company.

PAST HISTORY: A. OTHER WORK RELATED INJURIES OR ILLNESSES: Injury to dorsolumbar area with compression injuries to T-10 to T-11 area. This was patient's statement, and I did not have reports on that injury. Patient stated he was off from work from 1994 until 1997 for three years and received 10% impairment. He was treated by Dr. Snyder.

B. NONWORK RELATED INJURIES OR ILLNESSES: 1) Motor accident in 1986-1987. Patient stated he had fracture of collar bone and cerebral concussion. 2) No surgical procedures. 3) No medical problems.

LESTER, CHRISTOPHER W., SR.
 August 2, 2000
 Page 5

Saghir R. Mir, MD

PHYSICAL EXAMINATION: Patient is a 28-year-old white male who was 65 inches tall and weighed 293 pounds. His general physical condition was satisfactory.

His range of motion at cervical spine was recorded on the range of motion form. He had some guarding at extreme of range of motion, though there was no true muscle spasm. Compression and distraction tests caused some discomfort in his neck, though Spurling sign was negative. He had no pathological reflexes.

MEASUREMENTS

	<u>RIGHT UPPER EXTREMITY</u>	<u>LEFT UPPER EXTREMITY</u>	<u>COMMENTS</u>
Circumference of upper arm (10.0 cm above olecranon)	38.0 cm	37.0 cm	pt rt handed
Circumference of forearm (7.0 cm below olecranon)	34.5 cm	32.5 cm	

NEUROLOGICAL EXAMINATION

Reflexes - BJ, TJ & BRJ	1+	1+	
Muscle strength	5/5	5/5	all groups upper extremity muscles
Grip strength	38,36,30 lbs	20,18,16 lbs	Jamar apparatus at third notch
Pulse	2+	2+	
Cranial nerves	Intact	Intact	

Patient had slight difference in measurements on the left side. He had decreased sensation along the ulnar side of forearm and in left fourth and fifth fingers. He had no signs of carpal tunnel syndrome or thoracic outlet syndrome.

His examination of shoulder area revealed no gross atrophy. He had tenderness over left shoulder area, especially over left AC joint. Clinically, there was no evidence of gross separation.

LESTER, CHRISTOPHER W., SR.
 August 2, 2000
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Saghir R. Mir, MD

PHYSICAL EXAMINATION: Continued

RANGE OF MOTION

<u>SHOULDER</u>	<u>RIGHT</u>	<u>LEFT</u>
Forward flexion/extension	170°-0°-60°	90°-0°-50°
Abduction/adduction	170°-0°-40°	90°-0°-40°
External/internal rotation		
Arm at 90° abduction	90°-0°-90°	70°-0°-45°
<u>ELBOW</u>		
Extension/flexion	0°-0°-140°	0°-0°-140°
<u>WRIST</u>		
Dorsi/volar flexion	60°-0°-60°	60°-0°-60°
Ulnar/radial deviation	35°-0°-15°	35°-0°-15°

Patient had discomfort at extreme of range of motion at left shoulder. Impingement tests were mildly positive. Apprehension test was negative, though he had some discomfort at 90° abduction and external rotation. There were no signs of thoracic outlet or carpal tunnel syndrome.

Examination of left thoracic rib cage area revealed patient had generalized tenderness, though chest sounds were clear.

His detailed examination of lower back was recorded on the West Virginia Compensation back form and range of motion form.

As far as his right knee was concerned, patient had mild swelling in right suprapatellar area. His range of motion at both knees was 0°-0°-125° as he had some discomfort in back. He had tenderness over the medial collateral ligament at its insertion over the medial femoral condyle. There was no tenderness on patellar compression. McMurray test caused some discomfort in his right knee, though Lachman and pivot shift tests were negative. His collateral and cruciate ligaments seemed to be intact.

LESTER, CHRISTOPHER W., SR.
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Page 7

Saghir R. Mir, MD

RADIOLOGICAL FINDINGS:

- 1) X-rays of cervical, dorsal and lumbar spine at the time of admission were reported normal. His CT scans of head and cervical spine were also reported normal.
- 2) X-rays of chest, left hip, left ankle and pelvis were all reported normal.
- 3) MRI of left shoulder has been reported normal by his attending physician.

DISCUSSION/CONCLUSION/RECOMMENDATIONS:

- 1) This patient sustained multiple injuries in a fall from a truck. He has been treated conservatively and still stays symptomatic. On physical examination, he had restriction of mobility at neck and lower back. His neurological examination of lower extremities was normal, but he had diminished sensation along the ulnar side of left forearm and left hand. He had questionable atrophy of left forearm muscles. Patient had some signs of internal derangement of right knee as well as injury to left shoulder and AC joint.

DIAGNOSES:

- 1) Cervicodorsal and left scapular strain with cervical root irritation
- 2) Lumbosacral and sacroiliac strain with lumbar root irritation
- 3) To rule out left AC joint injury
- 4) Injury left shoulder with possible internal derangement
- 5) Blunt trauma left rib cage and to rule out fracture ribs
- 6) Sprain medial ligaments right knee and to rule out internal derangement
- 7) Cerebral concussion

- 2) Patient has not reached maximum degree of medical improvement. He continues to be temporarily disabled. An anticipated period of disability could be four months.

- 3) As far as further treatment is concerned, the following recommendations are made:

- A) MRI of cervical spine--even though this patient already had a CT scan. This is because he has C-8 nerve root irritation.
- B) MRI of lumbar spine to rule out disc herniation.
- C) X-rays of left AC joint with and without weight to rule out AC joint separation.
- D) X-rays of left rib cage area.
- E) Nerve conduction and EMG studies on left upper extremity.
- F) Orthopaedic consultation with Dr. Loimil, and patient to take MRI of left shoulder for review by Dr. Loimil.
- G) Neurosurgical consultation for neck and low back injuries following MRI of neck and back.

LESTER, CHRISTOPHER W., SR.
August 2, 2000
Page 8

Saghir R. Mir, MD

DISCUSSION/CONCLUSION/RECOMMENDATIONS: Continued

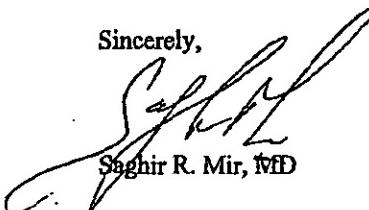
- I) After orthopaedic and neurosurgical consultations, a pain clinic consultation, if needed.
- J) In my opinion, this patient needs further physical therapy to neck, lower back, left shoulder and right knee for the next couple of months while he is going through his workup and consultations.
- 4) At present, patient is not ready for a functional capacity evaluation, though vocational follow up is recommended.
- 5) Patient's impairment rating is deferred for another four months.

During the next IME, please send to the evaluating physician the records or at least IME report of patient's injury of back from 1994.

As patient has multiple orthopaedic injuries, it is my opinion this patient should be transferred and followed by Dr. Loimil as soon as possible. Please authorize a consultation and transfer under his care. It would be best if patient should have a regular follow up by an orthopaedic surgeon, preferably Dr. Loimil.

Thank you for sending this patient for evaluation. If you have any questions, please feel free to contact my office at any time.

Sincerely,



Saghir R. Mir, MD

SRM/cv
Enclosures

LESTER, CHRISTOPHER W., SR.
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Saghir R. Mir, MD

PLEASE NOTE: The opinions rendered in this case are the opinions of this evaluator. Recommendations regarding work and impairment ratings are given totally independently of the requesting agents. This evaluation has been conducted on the basis of the medical examination and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service, report/reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment, examination and documentation. Any recommendation on impairment is based on AMA Guidelines, Fourth Edition. This opinion does not constitute, per se, a recommendation for specific claims or administrative functions to be made or enforced. Medicine is both an art and a science; and although a patient may appear to be fit to return to duty, there is no guarantee that the patient will not be reinjured or suffer additional injury once he returns. If further information is required, please contact me.

USE BLACK INK

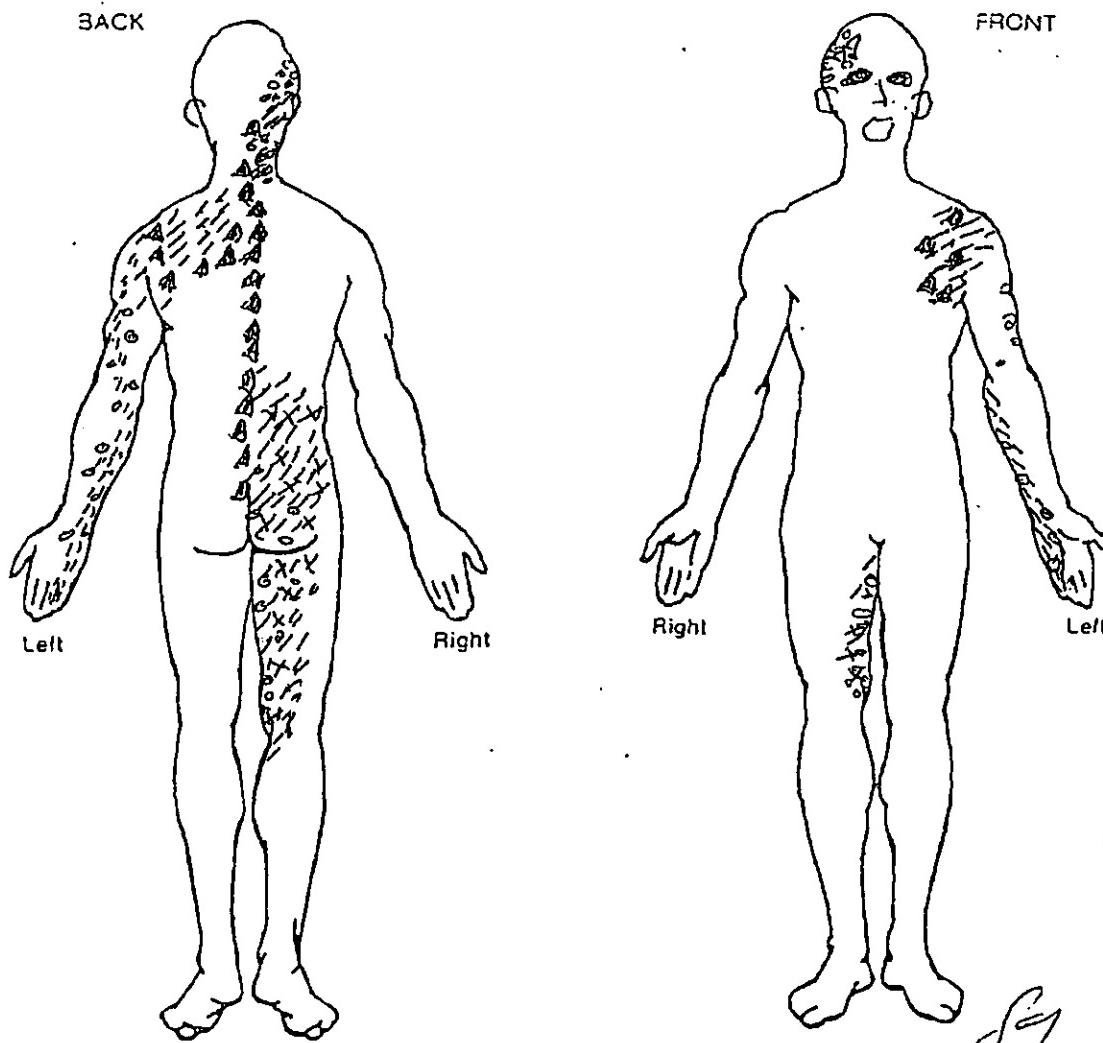
INSTRUCTIONS

2 of 1

Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. Draw in your face.

KEY CHRISTOPHER W. LESTER SR DOB: [REDACTED] SS# [REDACTED] 3340 CLAIM# 2000046841

/ / / Stabbing	X X X Burning	000 Pins and Needles	▲▲▲ Aching, Throbbing	= = = Numbness	• • • Other
----------------	---------------	----------------------	-----------------------	----------------	-------------



Signature

Chris Lester

Date

8-2-00

Guides to the Evaluation of Permanent Impairment

2004-91

3/10/2004

Figure 77. Cervical Range of Motion (ROM)*

CHRISTOPHER W. LESTER SR. DOB [REDACTED] SS# [REDACTED] 3340 CLAIM# 2000046841
 Name Christopher Lester Soc. Sec. No. [REDACTED] 3340 Date 3/12/04

Movement	Description	Range					
Cervical Flexion	Occipital ROM	33	33	32			
	T1 ROM	3	1	3			
	Cervical flexion angle ±10% or 5°?	30	30	27			
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
	Maximum cervical flexion angle	30					
Cervical Extension	Occipital ROM	28	26	28			
	T1 ROM	2	2	2			
	Cervical extension angle ±10% or 5°?	26	29	26			
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
	Maximum cervical extension angle	26					
Cervical Ankylosis in Flexion/Extension	Position	(Excludes any impairment for abnormal flexion or extension motion)					
	% Impairment						
Cervical Right Lateral Flexion	Occipital ROM	32	33	32			
	T1 ROM	3	2	3			
	Cervical right lat flexion angle ±10% or 5°?	27	30	27			
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
	Maximum cervical right lat flexion angle	32					
Cervical Left Lateral Flexion	Occipital ROM	27	28	22			
	T1 ROM	2	2	2			
	Cervical left lat flexion angle ±10% or 5°?	21	21	21			
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
	Maximum cervical left lat flexion angle	25					
Cervical Ankylosis in Lateral Flexion and Extension	Position	(Excludes any impairment for abnormal lateral flexion or extension motion)					
	% Impairment						
Cervical Right Rotation	Cervical right rotation angle ±10% or 5°?	45	37	50			
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
	Maximum cervical right rotation angle	50					
	% Impairment						
Cervical Left Rotation	Cervical left rotation angle ±10% or 5°?	50	50	43			
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
	Maximum cervical left rotation angle	50					
	% Impairment						
Cervical Ankylosis in Rotation	Position	(Excludes any impairment for abnormal rotation)					
	% Impairment						
Total cervical range of motion and ankylosis* impairment _____ %							
167 MMJ							

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankylosis in several planes are present, combine the estimates (Combined Values Chart), then combine the result with the range of motion impairment.

82

20046841
3/10/2004

CHRISTOPHER W. LESTER SR DOB: 12-23-73 SS# 233-15-3340 CLAIM# 200046841

Figure 79. Lumbar Range of Motion (ROM).*

Name Christopher Lester Soc. Sec. No. ██████████ 3340 Date 8/1/00

Movement	Description	Range				
Lumbar Flexion	T12 ROM Sacral ROM True lumbar flexion angle $\leq 10\%$ or 5° ? Maximum true lumbar flexion angle % Impairment	50	50	53		
		28	30	30		
		35	28	2		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
		25				
						total 35
Lumbar Extension	T12 ROM Sacral ROM True lumbar extension angle $\leq 10\%$ or 5° ? Maximum true lumbar extension angle % Impairment	12	12	10		
		2	2	1		
		1	10	9		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
		1				
						(Add sacral flexion and extension ROM and compare to tightest straight-leg-raising angle)
Straight Leg Raising (SLR), Right	Right SLR $\leq 10\%$ or 5° ? Maximum SLR right	30	38	30		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
		30				(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)
Straight Leg Raising, Left	Left SLR $\leq 10\%$ or 5° ? Maximum SLR Left	50	40	40		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
		40				(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)
Lumbar Right Lateral Flexion	T12 ROM Sacral ROM Lumbar right lateral flexion angle $\leq 10\%$ or 5° ? Maximum lumbar right lateral flexion angle % Impairment	17	18	18		
		2	3	3		
		15	14	15		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
		15				
						total 32
Lumbar Left Lateral Flexion	T12 ROM Sacral ROM Lumbar left lateral flexion angle $\leq 10\%$ or 5° ? Maximum lumbar left lateral flexion angle % Impairment	17	17	17		
		2	2	2		
		15	14	15		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
		15				
Lumbar Ankylosis in Lateral Flexion	Position % Impairment					(Excludes any impairment for abnormal flexion or extension motion)
Total lumbar range of motion and ankylosis* impairment _____ %						

NOT M/M

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankyloses in several planes are present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

Jay

WV MEDICAL, PLLC
705 MADISON AVE.
MADISON, WV 25130
PHONE (304) 369-5170 FAX (304) 369-1742

FAX COVER SHEET

TO: Cheryl Ames/Work Comp
FROM: Freida / Dr Snyder
RE: Christopher Lester #2000046841

NUMBER OF PAGES INCLUDING COVER SHEET: 4

DATE: 7-14-00

ADDITIONAL COMMENTS: _____

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THANKYOU.

FAXED
7-14-00
JB



Christopher Lester
Wt 295 P 74

DOB not available

7-10-00

S-In for f/u and doing essentially the same. He still has a considerable amt of left shoulder and low back pain, with any attempt at motion. He is also having headache occur also. We haven't got an appt for him to see Dr. Loimil yet.

O-Exam - no apparent distress, very stocky, he has diminished internal and external rotation of the shoulder, he can barely lift it above level. He can SL to about 10 degrees.

A. Chronic shoulder sprain strain reaction, and LBP.

P-Maintain meds. in addition to Lodine 500 Bid, obtain consult with Dr. Loimil and follow.

John M. Snyder, D. O./bjw

jw

appt/01-01-96/*8

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1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
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July 13, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - APPOINTMENT SCHEDULED

You have been scheduled for an appointment on 8/2/2000, at 10:30 a.m.
with:

MCCAMIC JOLYON WHITEHEAD Phone:
56 FOURTEENTH ST
WHEELING, WV 26003-3430

The above named physician should provide the Division with a narrative report which outlines your medical history, diagnostic studies, physical examination, diagnosis, and prognosis. The following questions should be answered:

1. Has the claimant reached maximum medical improvement? (No additional surgical or medical intervention will change the claimant's condition.)
2. Is the claimant working? If so, in what capacity? If not, could the claimant return to a modified work assignment and with what restrictions?
3. What impairment rating is recommended, using the AMA Guide to the Evaluation of Permanent Impairment, Fourth Edition?

If the claimant has not reached maximum medical improvement, what additional diagnostic studies and/or treatment do you recommend and what benefit should be expected? (Review the WCD Treatment Guides for the diagnosis before making your recommendations.)

This exam was scheduled by the Division and all bills and related expenses should sent to us.

Exam has been requested by your claims manager, Cheryl Armes, please bring all x-r and make every effort to attend.

Failure to keep this appointment may result in the closing of your claim for benefits.

If you have any questions or concerns, you may reach me at 800-628-4265.

CC: D & M TRUCKING CORPORATION INC
MCCAMIC JOLYON WHITEHEAD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Janet Jones
Claims Tech

RECEIVED JUL 17 2000

extt/01-01-96/*6 ** VENDOR COPY ** 1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



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July 17, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 07/01/2000 through 07/31/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 09/14/2000.

If you have any questions or concerns, you may reach me at 304-926-5149.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
By: Cheryl Armes
Claims Representative 2

RECEIVED JUL 17 2000

apch/01-01-96/*6 ** VENDOR COPY ** 1024458

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



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July 17, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - APPOINTMENT CHANGED

Your appointment with Dr. S Mir, has either been
cancelled or rescheduled.

Your appointment has been changed to:

Doctor on first letter was a clerical error. NOTE: Dr. Saghir Mir will be the
doctor you have a appt. with on 8/2/2000 at 10:30.

If you have any questions or concerns, you may reach me at 800-628-4265.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Janet Jones
Claims Tech

RECEIVED JUL 17 2000

Workers' Compensation Division - Office of Claims Management
Post Office Box 471 Charleston, West Virginia 25327-0471 • <http://www.state.wv.us/bed>

500688.015.0484

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July 17, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - APPOINTMENT SCHEDULED

You have been scheduled for an appointment on 8/2/2000, at 10:30 a.m.
with:

MIR SAGHIR MD Phone: 304-442-5176
P O BOX 839
MONTGOMERY, WV 25136

The above named physician should provide the Division with a narrative report which outlines your medical history, diagnostic studies, physical examination, diagnosis, and prognosis. The following questions should be answered:

1. Has the claimant reached maximum medical improvement? (No additional surgical or medical intervention will change the claimant's condition.)
2. Is the claimant working? If so, in what capacity? If not, could the claimant return to a modified work assignment and with what restrictions?
3. What impairment rating is recommended, using the AMA Guide to the Evaluation of Permanent Impairment, Fourth Edition?

If the claimant has not reached maximum medical improvement, what additional diagnostic studies and/or treatment do you recommend and what benefit should be expected? (Review the WCD Treatment Guides for the diagnosis before making your recommendations.)

This exam was scheduled by the Division and all bills and related expenses should sent to us.

Exam has been requested by your claims manager, Cheryl Armes, please bring all x-r and make every effort to attend.

Failure to keep this appointment may result in the closing of your claim for benefits.

If you have any questions or concerns, you may reach me at 800-628-4265.

CC: D & M TRUCKING CORPORATION INC
MIR SAGHIR MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Janet Jones
Claims Tech

RECEIVED JUL 17 2000

VASS VOCATIONAL SERVICES
P.O. Box 162
SUMMERSVILLE, WV 26651

AUTHORIZATION AND CONSENT TO OBTAIN
MEDICAL AND EMPLOYMENT INFORMATION

I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records, interview all doctors and other attendants and all employers and former employees regarding matters relating to examination, diagnosis, care and treatment of myself, earnings and loss of earnings and all educational background.

I am willing that a Photostat of this authorization be accepted with the same authority as the original.

Signed

Chris Lester

Date

5-3-00

Address

[REDACTED] 3346

Witness

Amyle M. White

Date

5-3-00

Witness

[REDACTED]

Date

[REDACTED]

Attn: Freda

*Copied
& mailed
6-30-00
JL*

ext/01-01-96/*6 ** VENDOR COPY ** 1024458

Cecil H. Underwood
Governor
William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
- Unemployment Compensation • Workers' Compensation

an equal opportunity/inclusive access employer

June 20, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 04/04/2000 through 07/23/2000.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 09/06/2000.

If you have any questions or concerns, you may reach me at 304-926-5149.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
By: Cheryl Armes
Claims Representative 2

RECEIVED JUN 2 2000

Boone Memorial Hospital

701 Madison Avenue, Madison, West Virginia 25130 304-369-1230
June 19, 2000



John Snyder, DO
705 Madison Ave.
Madison, WV 25130

Re: Christopher Lester #104551
Progress Note

Dear Dr. Snyder,

Christopher Lester was initially referred to Boone Physical Therapy on March 28, 2000, with the diagnosis of cervical, left shoulder, and lumbosacral strain. He has been followed 2-3 x wk for a total of 25 visits. He is scheduled for a follow-up appointment in your office on June 20, 2000.

Our goals have been to establish an independent home exercise program, improve cervical and L-shoulder AROM, increase L-shoulder PROM, decrease complaints of pain, improve L-shoulder strength and function, and maximize pain-free lumbar flexibility.

Treatment program to date has consisted of instruction in an independent HEP, participation in a therapeutic exercise program comprised of cervical flexibility exercises as well as active assistive and isometric exercises for the L-shoulder and modalities as indicated to decrease complaints of pain.

At last visit on June 19, 2000, Mr. Lester reported his neck and L-shoulder pain was worse than his back pain. He described his shoulder pain as "It feels like when you get a cut and it starts to heal up." He complained of "Feeling really stiff in my spine." He performed his exercise program and received treatment as outline above followed by a brief reassessment.

Cervical AROM: Flex 18°. Ext 29°. R-rot 54°. L-rot 26°. R-SB 26°. L-SB 25°.

L-Shoulder AROM: Flex 82°. ABD 68°. IR 45°. ER 25°. Sensation: Intact to light touch RUE and bil LE and diminished in the LUE following no specific dermatomal pattern.

Lumbar AROM: Flex 38°. Ext 7°. R-SB 28°. L-SB 24°. LU Strength: Shoulder Flex 2\5, ABD 2\5. Elbow Flex/Ext 4\5. Wrist Flex/Ext 4\5. Thumb Flex 4+15. Finger ADD 4\5.

Assessment: Overall, Mr. Lester continues to report neck, LBP, and L-shoulder pain with no significant increase in ROM noted.

Plan: I hope the information presented above will be helpful as you reassess this patient. We will wait for your recommendations regarding further treatment with this patient.

Thank you for the opportunity to work with Mr. Lester. If I may be of further assistance to you regarding this patient or any other patient, please do not hesitate to contact me at 369-1230 ext. 242.

Sincerely,

Tricia McClung
Tricia McClung, PT
TM/pam

xc: Workers' Comp; SS# [REDACTED] 3340; DOI 3-10-00

06/20/00 11:10 FAX 369 1525

BOONE REHAB SERV

42002

Boone Memorial Hospital

701 Madison Avenue • Madison, West Virginia 25130 • 304 369 1230
 June 19, 2000



John Snyder, DO
 705 Madison Ave.
 Madison, WV 25130

Re: Christopher Lester #104551
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Lumbar AROM: Flex 38°. Ext 7°. R-SB 28°. L-SB 24°. LU Strength: Shoudler Flex 2/5, ABD 2/5. Elbow Flex/Ext 4/5. Wrist Flex/Ext 4/5. Thumb Flex 4+/5. Finger ADD 4/5.

Assessment: Overall, Mr. Lester continues to report neck, LBP, and L-shoulder pain with no significant increase in ROM noted.

Plan: I hope the information presented above will be helpful as you reassess this patient. We will wait for your recommendations regarding further treatment with this patient.

Thank you for the opportunity to work with Mr. Lester. If I may be of further assistance to you regarding this patient or any other patient, please do not hesitate to contact me at 369-1230 ext. 242.

Sincerely,

Tricia McClung
 Tricia McClung, PT
 TM/pam

xc: Workers' Comp; SS# [REDACTED] 8340; DOI 3-10-00

500688.015.0489

auth/09-24-98/*8

** VENDOR COPY **

1024458

Cedil H. Underwood
Governor
William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
 - Unemployment Compensation • Workers' Compensation
- an equal opportunity/affirmative action employer*

June 6, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 05/31/2000, is Approved.

physical therapy 3 times a week for 4 weeks and 2 times a week for 4 weeks is authorized as requested by the claimant's treating physician is authorized.

Authorized Dates are 05/31/2000 through 07/26/2000.

Your authorization number is 100157008.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, yWorkers' Compensation Division5.

BY: Cheryl Armes

CC: D & M TRUCKING CORPORATION INC Claims Representative 2
VASS VOCATIONAL SERVICES

crrq/3-27-98/*6

** VENDOR COPY **

1024458

Cecil H. Underwood
Governor
William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
- Unemployment Compensation • Workers' Compensation

an equal opportunity/affirmative action employer

June 1, 2000

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - REQUEST FOR INFORMATION

JOHN SNYDER, D. O., please send me the following
information regarding this claim:

All medical records related to the above claim.

A detailed narrative report.

PLEASE SUBMIT YOUR ACTIVE TREATMENT PLAN.

If you have any questions or concerns, you may reach me at 304-926-5375.

CC: D & M TRUCKING CORPORATION INC
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Cheryl Armes
Claims Representative 2

*Copied
mailed
records
7/17/00
3B*

Attending Physician's Report		JRC	SECTION USE ONLY
Return Completed Form To: Workers' Compensation Division P.O. Box 3151, Charleston, West Virginia 25332			
WC-219 Rev. 9-94			
SECTION I: To be completed by the injured worker. (FORM MAY BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.)			
1. Claim No.	SS No.	2. Current Telephone No.	
2000046841	3340	369-6657	
Emp. Fisk No.	DOI	Employer's Name and Address	
Claimant's Name and Address <i>Christopher W. Lester, Sr. P.O. Box 1113 Danville, WV 25053</i>			
3. Please mark any needed changes in your address as printed above.			
4. Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.			
Claimant's Signature <i>Christopher W. Lester</i> Date <i>7/10/00</i>			
SECTION II: To be completed by the Attending Physician. (PLEASE COMPLETE ALL QUESTIONS.) Attach Additional Pages If Necessary.			
If claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.			
1. Date of this examination <i>7/10/00</i> Month Day Year	2. Date of next appointment <i>7/13/00</i> Month Day Year		
3. A. Is this the first examination and/or treatment by you for this injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please advise as to how the claimant came under your care.			
B. Does claimant continue under your active care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain.			
C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.) <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Evaluation <input type="checkbox"/> Treatment <i>Waiting auth for ortho referral</i>			
4. Diagnosis (ICD9-CM) code and description <i>847.0 847.2 847.1 959.01</i>	5. Please describe your treatment plan and list medications currently being prescribed, their dosages, and the refill limit. <i>d/c physical therapy maintain med & add Lodine 500 Bid ortho consult</i>		
6. Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain condition and how it has affected recovery.			
7. Will claimant need rehabilitation services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please specify.	8. Is claimant temporarily and totally disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is disability due to compensable diagnosis or other causes? Please explain.		
9. Please indicate the anticipated date claimant will be able to return to: Modified Work <i>11</i> Trial Return to Work <i>9/01/00</i> Full-time Work <i>11</i>			
10. If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.			
11. Physician's Name, Address & Telephone No. <i>J. Mark Snyder DO, Madison Medical, 705 Madison Ave Madison WV 25310 (304) 369-5110</i>	12. <i>J. Mark Snyder</i> Physician's Signature		
FEIN <i>55-0664546</i>	Date		

MADISON MEDICAL
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304)369-5170
FAX (304)369-1742

Cheryl Armes
Workers' Compensation
P.O. Box 431
Charleston, WV 25322

re: Christopher Lester
claim: 2000046841

Dear Ms. Armes,

As you are aware, Mr. Lester is now under the care of Dr. J. Mark Snyder for treatment of left shoulder strain. This is a request for an orthopedic consult with Dr. Luis Loimil in regards to this problem. Patient has also been receiving Physical Therapy for this condition and authorization to continue this treatment is requested at this time. I am enclosing progress notes on patient's physical therapy for your review. Thank you for your assistance.

Sincerely,

Freida Botts

Freida Botts
Referral Coordinator

Attending Physician's Report

Return Completed Form To:

Workers' Compensation Division
P.O. Box 3151, Charleston, West Virginia 25332

Charleston Mahanoy-Taylor Armies
Post Proc/Post/04/21/2003 Const
Clayton's County HOGC

218 Rev. 9-94

Claim No.	20000046841	SS No.	3340	2. Current Telephone No.
Emp. Fisk No.	98001651	DOI	03/10/2000	3. 304-369-6657
Claimant's Name and Address		Employer's Name and Address		
CHRISTOPHER W LESTER SR P.O. BOX 1113 DANVILLE, WV 25053		D & M TRUCKING CORPORATION 502 BOB WINES RD GHAENT, WV 25843		

Please mark any needed changes in your address as printed above.

Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? Yes No

I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.

Claimant's Signature _____ Date _____

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Date of this examination	6/21/00	Month Day Year	2. Date of next appointment	7/10/00	Month Day Year
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B. Does claimant continue under your active care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If No, please explain.		
C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.)					
<input type="checkbox"/> Consultation <input type="checkbox"/> Evaluation <input checked="" type="checkbox"/> Treatment					

Diagnosis (ICD9-CM) code and description	5. Please describe your treatment plan and list medications currently being prescribed, their dosages, and the refill limit.
847.0 847.2 847.1 969.01	Vicodin 1-2 gr 4-6h prn Flexeril 10 1/2 PD Bid + 2g HS

Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? Yes No If Yes, please explain condition and how it has affected recovery.

Will claimant need rehabilitation services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please specify.	Is claimant temporarily and totally disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is disability due to compensable diagnosis or other causes? Please explain.
---	-------------------------	---	---

Please indicate the anticipated date claimant will be able to return to:
Modified Work _____ Trial Return to Work 8/01/00 Full-time Work _____

If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? Yes No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.

Physician's Name, Address & Telephone No.

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

Phone: 304-369-5170

FEIN 5506880150494

12.

Physician's Signature

Date

500688.015.0494

05/18/2000 21:51 3045869551

DREMA BESS

PAGE 01

VASS VOCATIONAL SERVICES
P.O. Box 162
SUMMERSVILLE, WV 26651

AUTHORIZATION AND CONSENT TO OBTAIN
MEDICAL AND EMPLOYMENT INFORMATION

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I am willing that a Photostat of this authorization be accepted with the same authority as the original.

Signed

Chris Lester

Date

5-3-00

Address

Witness

Amie M. White

Date

5-3-00

Witness

Date

Attn: Freda

Vocational Services

Drema Bess
PO Box 162
Summersville, WV 26651
Phone: (304) 586-3096
Fax: (304) 586-9651
Email: d.bess@prodigy.net

Copied
mailed
6/2/00